riod, such as cholecystectomy, appendectomy, mastectomy, thyroidectomy, gastrectomy, salpingo-oophorectomy or laminectomy. All 112 women were usually attended by one of the family doctors in Richard's group practice. The average age of all subjects was 48 years. All were visited and questioned in 1974.

Depression was found to be much more common in the hysterectomy group (70% of probands *v.* 30% of controls over a 3-year postoperative period). The average duration of treatment was 12.9 months for the hysterectomy group and 4.2 months for controls. Untreated depressions also lasted much longer in those who had hysterectomies. The bias in favour of the group with hysterectomies remained after all patients with a history of preoperative depression were excluded.

A form of postoperative fatigue could be identified by many hysterectomy patients but only by a few controls. Headache, dizziness, stress incontinence and change in libido were also commonly reported after hysterectomy. After this operation women reported that it took an average of almost 1 year before they were restored to normal, as against an average of 3 months in controls.

The author points out that unless hysterectomy patients are told that they may take a long time to recover completely, they will likely become anxious over their slow rate of progress.

How attractive is the practice of medicine?

In 1974 the West German government commissioned a study on the subject "Professional intentions and motivations in German medicine", in which many medical students and doctors from all branches of medicine were questioned. The main object was to obtain information on attitudes towards the practice of family medicine.

The results were gratifying to those who still think well of their profession. Both students and physicians in general thought that medicine was a satisfying profession, even if there was a lot of work and little free time. Few were concerned about the money they would make and most had idealistic attitudes towards helping and healing. But they were conscious of gaps in their education, even in the student years. The students wanted more sociologic, psychosomatic and psychologic content in their course, a familiar cry from many lands. They also wanted more preventive medicine. As regards curative medicine, they repeated the age-old complaint that the patients they saw in hospital were not the sort they would be called upon to treat as family doctors.

Older practitioners lamented the absence of proper teaching on medicolegal subjects, on health insurance problems and on hospital administration. It is not surprising that pediatricians wanted more on social medicine or that gynecologists wanted more on psychosomatics.

Summarizing the results of the study, done by Infratest of Munich, Stobrawa (*Dtsch Aerztebl* 71: 2503, 1974) mentions the alternatives to medicine that the respondents had considered. Practically all had found the alternatives of insufficient interest, and in some cases they would represent a choice dictated by failure to get a place in a medical school. However, the inquiry did disclose the great influence of early associations — contact with academic professions, life in a professional household — on choice of career. Alternatives were mainly in the sphere of biology or the natural sciences, with psychology (12%), law (10%), architecture and the arts (9%) as fairly common choices. For some unknown reason older family doctors seemed to prefer architecture; gynecologists were interested in the law.

In general, the attitude to group practice (in a country where group practices are still rare and were in fact forbidden by law until recently) was favourable for logical reasons (economy, ease of diagnosis, etc.). However, opinion was against group practices in which all the partners offered the same skills. The competitive element and probable unwillingness to cooperate in such practices were cited as reasons for not forming them.

It is encouraging to find that German doctors and medical students have not lost their faith in their profession; the contrast with Britain, where so many seem to have become dissatisfied with their lot, is striking.

Antenatal care in France

A leading French pediatrician, Professor Minkowski, rendered himself extremely unpopular with French family doctors through an incautious utterance on national television last September 12. It seems that the professor, while paying tribute to the services rendered by the 1000 obstetricians and 8000 midwives in France, let it be known that he did not consider that a diploma in medicine gave any family doctor the right to take care of pregnant women, especially in cases at a high risk.

Needless to say, the family doctors of France individually and collectively took exception to these remarks, since it is considered axiomatic in France that anyone with a medical diploma is allowed to perform any type of medical task. The professional body representing family doctors pointed out that if the education of family doctors in antenatal care was defective, it must be the fault of those obstetric services in which they trained as students. The journal *Concours Médical* asked Professor Minkowski to elaborate on his remarks. His attitude was that a few moments of television had produced a greater impact than all his writings in which he had extolled the role of the general practitioner in France. However, he pointed out that the figures for perinatal mortality and for prematurity in France are much worse than those in other civilized countries. He also suggested that in countries where these figures are much lower the surveillance of pregnancy and of the perinatal period is almost entirely in the hands either of obstetricians or midwives.

He agreed that there is a minority of family doctors who are well qualified for antenatal care, but pointed out that in recent years in Paris hospitals only 1 in 10 students had interned in an obstetric department after qualification. Moreover, there is a growing practice for family doctors to give antenatal care but not to deliver the infant. This he believes to be contrary to good sense. He also suggested that many antenatal visits by the family doctor are too hurried to be of good quality.

He believes that, in general, better antenatal care could be given by midwives, although only 11% of pregnant women in France are now in their care. The solution to present problems, in his opinion, lies either in the greater mobilization of midwives for antenatal care or in the establishment of a panel of family doctors who have had special training in obstetrics. ■

Erratum

We regret that in the article of Walfish, Kashyap and Greenstein, "Sulfonylurea-induced factitious hypoglycemia in a nondiabetic nurse", published in the Jan. 11 issue of the Journal (112: 71, 1975), several errors appeared in Tables I and II. The units for plasma insulin should have been μU/ml and the value for plasma insulin at the beginning of the fast was 60 μU/ml. Footnotes were inadvertently omitted from the body of each table. In Table I the single dagger (†) footnote referred to plasma glucose and the double dagger (‡) to plasma insulin. In Table II the † footnote referred to both plasma glucose and plasma insulin, the ‡ footnote to 6 hours and the section mark (§) footnote to 14 hours.